African Americans are 3 times more likely to need a life-saving transplant than any other ethnicity. **OPO name** is committed to reducing organ donation disparities in the Black Community through a partnership with our local NPHC (Divine 9) organizations. Would you please take 45 seconds to complete this survey?

1. **Black Greek Organization**
* **Alpha Phi Alpha Fraternity, Incorporated**
* **Alpha Kappa Alpha Sorority, Incorporated**
* **Kappa Alpha Psi Fraternity, Incorporated**
* **Omega Psi Phi Fraternity, Incorporated**
* **Delta Sigma Theta Sorority, Incorporated**
* **Phi Beta Sigma Fraternity, Incorporated**
* **Zeta Phi Beta Sorority, Incorporated**
* **Sigma Gamma Rho Sorority, Incorporated**
* **Iota Phi Theta Fraternity, Incorporated**
1. **Chapter** **name and city**

1. **Do you have one or more of the following connections to organ, eye and/or tissue donation?**

* **Recipient**

You or a loved one received a life-saving or a life enhancing tissue or cornea transplant

* **Candidate Waiting**

You or a loved one are currently on the National Transplant Waiting List

* **Donor Family**

Your loved one passed away and was able to be an organ, eye and/or tissue donor

* **Living Donor**

You or a loved one donated an organ to someone while living

* **Candidate Died Waiting**

The life-saving transplant didn’t come in time and your loved one died waiting for an organ transplant

1. **Are you a registered organ, eye and tissue donor?**
* Yes
* No

1. **Would you be willing to share your story about your connection to donation?**
* Yes
* No

1. **May we contact you about your connection to donation?**
* No
* Yes
	+ Name
	+ Organization and chapter
	+ Email
	+ Cell